



10-1-08

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etc.
RCE**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

Application No. 09/845,088
Filing Date April 26, 2001
First Named Inventor J.J. Garcia-Luna-Aceves
Art Unit 2154
Examiner Name Siddiqi, Mohammad A.
Attorney Docket No. 5543P003

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114** - Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - a. ☐ Previously submitted If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. ☐ Other _____
 - b. ☒ Enclosed
 - i. ☐ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☒ Information Disclosure Statement (IDS)
 - iv. ☒ Other Petition Under 37 C.F.R. § 1.78(a)(3) and § 1.78(a)(6) for Acceptance of Unintentionally Delayed Claim for Priority
2. **Miscellaneous**
 - a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months. Fee under 37 C.F.R. § 1.17(i) required)
 - b. ☐ Other _____
3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by C.F.R. § 1.114 when the RCE is filed.
 - a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-2666
 - i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
 - ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
 - iii. ☐ Processing fee under 37 CFR § 1.17(i) for Limited Suspension of Action
 - iv. ☒ Other Any fee deficiency
 - b. ☒ Check in the amount of \$ 810.00 enclosed
 - c. ☐ Payment by credit card (Form PTO-2038 enclosed)
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type) Lester J. Vincent Registration No. (Attorney/Agent) 31,460
Signature [Signature] Date September 29, 2008

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Name (Print/Type) _____ Adjustment date: 03/18/2009 CKHL/OK
Signature _____ Date 10/02/2008 WABDELRI 00000007 022666
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REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 03/17/09				2 Serial/Patent # 09/845,088					
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT	
	Filing							\$	
	Amendment							\$	
	Extension of Time							\$	
	Notice of Appeal/Appeal							\$	
X	Petition			WFEE		09/29/08		\$ 1,410.00	
	Issue							\$	
	Cert of Correction/Terminal Disc.							\$	
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10 REASON:				Treasury Check					
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	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: Andrea M. Smith					TITLE: Petitions Examiner				
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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